



SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS SD 57106-3115
(605) 362-2760 ♦ FAX: 362-2768 ♦ www.state.sd.us/doh/nursing

APPLICATION FOR A TEMPORARY PERMIT
FOR A REGISTERED NURSE OR LICENSED PRACTICAL NURSE
SEEKING LICENSURE BY NCLEX®

A Temporary Permit will be issued when the following have been received at the Board of Nursing:

1. Completed Application for Licensure by Examination
2. Completed criminal background check cards
3. Certificate of Nursing Education, completed by your nursing program
4. This completed Application for a Temporary Permit with the nonrefundable \$25 fee.

You must also be registered to take the NCLEX® Exam prior to issuance of a Temporary Permit.

| | | | |
|-----------------------|---------|------------|------------------|
| APPLICANT FIRST NAME: | MIDDLE: | LAST NAME: | SS#: |
| STREET OR PO BOX: | CITY: | STATE: | ZIP: |
| SCHOOL OF NURSING: | | | GRADUATION DATE: |

Issuance of a Temporary Permit grants me the privilege to practice as a

☐ **Registered Nurse Applicant (R.N. App.)**

☐ **Licensed Practical Nurse Applicant (L.P.N. App.)**

“under the supervision of a Licensed Registered Nurse.”

I will be employed by _____ in _____.
NAME OF INSTITUTION OR AGENCY CITY

I understand that:

- South Dakota law regulating the practice of nursing is mandatory; it is unlawful to practice nursing without holding a valid Temporary Permit or current License to practice as a nurse. I am not to start orientation at a place of employment without such a Permit or License.
- “under the supervision of a Licensed Registered Nurse” means that the holder of such Temporary Permit shall practice only under supervision of a Licensed Registered Nurse who is on duty in the area where the holder of the Temporary Permit is practicing.
- Temporary Permits become invalid upon the earlier of:
 1. Notification of the results of the first examination, or
 2. 90 days following the date of issuance.
- Temporary Permits are not renewable and do not carry multi-state privilege to practice.
- A change of employers requires a new Temporary Permit and \$25 fee.

Signature of Applicant: _____ Date: _____

Do not combine the licensure application fee and Temporary Permit fee.

Please submit this completed form and \$25 fee to South Dakota Board of Nursing at the address above.